

Citation for published version:

Jordan, A, Scott, J, Williams, M & Jones, M 2017, 'Operating a patient medicines helpline: comparing current practice in England to national standards', UKMi Practice Development Seminar, Birmingham, UK United Kingdom, 26/09/17 - 26/09/17.

Publication date:
2017

Document Version
Publisher's PDF, also known as Version of record

[Link to publication](#)

University of Bath

Alternative formats

If you require this document in an alternative format, please contact:
openaccess@bath.ac.uk

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Operating a Patient Medicines Helpline. Comparing Current Practice in England to National Standards



Abbie Jordan, Jenny Scott, Matt Williams, Matthew Jones
m.j.williams@bath.ac.uk

INTRODUCTION

The first hospital-based patient medicines helpline was established in the UK in 1992 to provide patients with a source of support following hospital discharge, and to improve medicines knowledge and compliance (1). Since then, medicines helplines have become available at many NHS Trusts throughout the UK, for both recently discharged inpatients and outpatients (2). However, patient medicines helplines appear to be an underused service (2).

In 2014, national standards for operating patient medicines helplines became available (3). The primary aim of this study is to compare current practice to the national standards. Any discrepancies could result in suggestions for service improvement, which may increase the rate of calls. The focus of the study is upon the standards pertaining to the access, availability, and promotion of helplines, since these seem most likely related to service use.

Study questions:

1. What proportion of NHS Trusts in England provide patients with access to a patient medicines helpline?
2. Do NHS Trusts meet recommended national standards for operating a patient medicines helpline?
3. What do pharmacists consider to be the benefits of patient medicines helpline?

METHODS

Design: This study involved the use of a cross-sectional survey to establish current practice in the operation of patient medicines helplines at NHS Trusts in England.

Ethics: Ethical approval was sought and approved by the University of Bath Research Ethics Approval Committee for Health (REACH).

Participants: Medicines Information (MI) Pharmacists and Chief Pharmacists from acute, mental health, specialist, and community NHS Trusts were invited to participate in the study, in order to collect perspectives about helplines from pharmacy professionals at different levels within the organisation.

Materials & Procedure: Two surveys were developed using Surveymonkey. First, Survey 1 was sent via email to the pharmacy team at all included NHS Trusts in England (227 Trusts). Survey 1 was to be completed by a MI Pharmacist at the Trust (Aim: to answer Research Questions 1-3). We aimed to collect a 100% response rate for the question ‘What proportion of NHS Trusts provide patients with access to a patient medicines helpline?’. Non-responders to Survey 1 were therefore contacted via email or telephone to collect this data. Next, Survey 2 was sent to Chief Pharmacists via email at those NHS Trusts which operate helplines, as established from Survey 1 (Aim: to answer Research Question 3). Once completed, all surveys were exported from Surveymonkey.com and analysed using SPSS.

RESULTS

Response rates: 89% of NHS Trusts completed Survey 1. Additionally, 11% answered whether or not they provide patients with access to a medicines helpline. 54% of Trusts which operate a helpline completed Survey 2.

Question 2: Do NHS Trusts meet recommended national standards for operating a patient medicines helpline?

Access (‘Satisfactory’ Standards)	Proportion meeting this
Phone line allows direct dialling from outside.	97%
Calls charged at local rate or Freephone.	99%
Contact with a pharmacy professional is always available during advertised hours.	71%
An answerphone allows a message to be left outside of advertised hours.	81%
Total compliance with access ‘satisfactory’ standards.	54%
Availability (‘Satisfactory’ Standards)	Proportion meeting this
Access to patients/carers for a minimum of 4 hours per day.	86%
The helpline is available 5 days per week.	96%
Total compliance with availability ‘satisfactory’ standards.	86%
Promotion (‘Satisfactory’ Standards)	Proportion meeting this
Promotional methods agreed with patients locally.	6%
The helpline is promoted at all the healthcare organisation’s sites.	59%
Promotional materials identify access times and types of enquiries people can make.	40%
Total compliance with promotion ‘satisfactory’ standards.	3%

Number of calls per week was significantly correlated with total number of hours that the helpline is available per week, when controlling for number of patients per NHS Trust ($r(99) = .31, p < .01$).

Question 1: 52% of NHS Trusts provide patients with access to a medicines helpline (67% acute; 29% mental health; 18% community; 41% specialist). This includes three Trusts which provide a helpline service via another Trust. Three Trusts operate two helplines, and one trust operates three helplines. On average, Trusts receive 8.2 calls per week. At 87% of Trusts, a helpline is provided by a MI centre. At 13% of Trusts, a helpline is provided by general clinical pharmacy services. At 4% of Trusts, a helpline is provided by the dispensary.

Question 3: Perceived benefits of patient medicines helplines.

Proposed benefits of patient medicines helplines	% who see it as a major benefit		
	MI Pharmacists (n = 87)	Chief Pharmacists (n = 66)	Total (n = 156)
Avoiding harm to patients (e.g., adverse effects, interactions)	93%	80%	88%
Identifying errors	85%	64%	75%
Learning from patient experiences	55%	56%	55%
Helping the organisation avoid complaints and possible litigation	44%	42%	43%
Improving patient medication adherence	89%	80%	85%
Supporting patient discharge	78%	71%	76%
Providing assurance to patients that they can access professional help from home	84%	80%	83%
Improving the patient experience (e.g., patient satisfaction)	84%	76%	80%
Adhering to the NHS constitution (e.g., patients have a right to receive information)	40%	30%	37%
Reducing visits to other healthcare services (e.g., GPs, A&E)	52%	53%	51%
Reducing medicines-related readmissions	67%	62%	65%
Improvement in Trust targets and in national surveys	22%	26%	23%
Optimising medicines	76%	73%	75%

CONCLUSIONS

64% of acute and specialist NHS Trusts provide their patients with access to a medicines helpline, which is the same proportion found by the Healthcare Commission ten years ago (4). However, 6 NHS Trusts reported that they operated a helpline in the past but stopped due to a lack of resources. Lack of resources was cited as the main reason why some NHS Trusts do not currently operate a patient medicines helpline.

Findings suggest that the greatest discrepancy between current practice and national standards is regarding helpline promotion. Simple changes to the advertising of helplines might increase the number of patients who are able to benefit. It would also be useful to ask patients for their reasons for not seeking medicines-related support via the medicines helpline at the NHS Trust where they recently received care (i.e., are they simply not aware that the service exists?).

The perceived benefits suggest that some pharmacists may not be fully aware of the evidence as to the impact that patient medicines helplines can have. For example, studies suggest that patients would seek the advice of their GP had the helpline service not been available (5). Yet, only 51% of pharmacists perceive patient medicines helplines as being beneficial for reducing visits to other healthcare services. A systematic review which brings together the available evidence could be advantageous in this respect. Additionally, 80% of pharmacists perceive that patient medicines helplines can improve the patient experience, yet current evidence is largely based upon single-item satisfaction ratings. Therefore, a qualitative interview study would be beneficial to explore in greater depth patients experiences of using medicines helplines. This may highlight additional ways to improve helplines so that they better meet the needs of users. Our team is currently in the process of conducting these studies about medicines helplines.

REFERENCES

(1) Raynor DK, Sharp JA, Rattenbury H, Towler RJ. Medicine information help lines: A survey of hospital pharmacy-based services in the UK and their conformity with guidelines. *Annals of Pharmacotherapy*. 2000;34(1):106-11.

(2) Bramley D, Erskine D, Safdar A, Li SF. How useful are medicines helplines for patients discharged from hospital? *Pharmaceutical Journal*. 2014;292(7806-7807):447.

(3) Wills S. *Medicines helplines for hospital patients: National standards*. UK: Royal Pharmaceutical Society; 2014.

(4) Commission for Healthcare Audit and Inspection. *The best medicine. The management of medicines in acute and specialist trusts*. London: 2007.

(5) Jones M, Pettitt P. *The use of outcome data monitoring in the quality assurance of MI services*. Poster session presented at: 40th UKMi Practice Development Seminar; 2014 Sep 12; Birmingham, UK.